

| CLAIMS ONLY | | | | | | Application Number 10 796 754 | Filing Date |
|-----------------|----------|--------|-----------------------|--------|------------------------|---|-----------------|
| | | | | | | Applicant(s) | |
| | | | | | | * May be used for additional claims or amendments | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | |
| 1 | | | | | | | 51 |
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| 50 | | | | | | | 100 |
| Total Indep | | | 3 | | | | Total Indep |
| Total Depend | | | 14 | | | | Total Depend |
| Total Claims | | | 17 | | | | Total Claims |